

LO9000008086

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : I20100000018
Phone : (305) 961-1450
Fax Number : (305) 423-3979

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: andrew@123lumpsum.com

RECEIVED
13 SEP -5 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
123CASHYOURCHECK, LLC

2013 SEP -5 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

H130001971393

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

123CASHYOURCHECK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/26/2009 and assigned
Florida document number L09000008086

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Structured Asset Ventures IV, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2013 SEP - 6 AM 10:33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2013 SEP 5 10:34
 TALLAHASSEE
 SECRETARY OF STATE

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09/05/2013 08:59

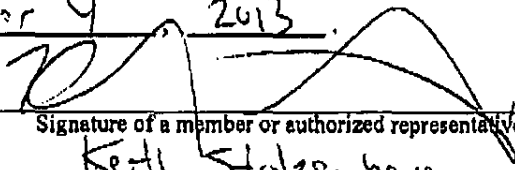
(FAX)

P.004/004

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 4 2013



AUTHORIZED REPRESENTATIVE

Signature of a member or authorized representative of a member

Keith Stolzenberg

Typed or printed name of signee

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